CONSENT FOR TREATMENT OF A MINOR

I hereby authorize, Seven Hills Dental Center (Dr. Derek C. MacLean, Sherrie K. MacLean, Patrick D. Thompson D.M.D., Terry A. Truesdale, D.D.S. and office staff) to render any treatment necessary including but not limited to x-rays in my absence.

Patient Name: _____

Parent/Guardian Signature: _____

Date: _____